

9037

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County YumaState ArizonaState File No. 386

Registered No. _____

District or Township _____

or Village _____

City Winkelman

No. _____

St. _____

Ward _____

2. FULL NAME

Nancy Ragsdale

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If non-resident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR or RACE

White5. SINGLE, MARRIED, WIDOWED or DIVORCED.
(Write the word)Widowed

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Tobias Kelly Ragsdale

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

IF LESS than 1
day hrs.
or min.8010

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse wife(b) General nature of industry,
business or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country)Texas

10. NAME OF FATHER

Bishop

11. BIRTHPLACE OF FATHER

(State or country)

Texas

(city or town)

12. MAIDEN NAME
OF MOTHERDon't know

13. BIRTHPLACE OF MOTHER

(State or country)

Texas

(city or town)

14. Informant

(Address)

6 J RagsdaleWinkelman, Ariz

15. Filed

Jan 14 1933

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Jan111933

Month

Day

Year

17. I HEREBY CERTIFY That I attended deceased from

I did not attend her

that I last saw h. alive on _____, 19____

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH was as follows:

Probably heart attackDied suddenly

(duration) _____

yrs.

mos.

ds.

CONTRIBUTORY
(Secondary)

(duration) _____

yrs.

mos.

ds.

18. Where was disease contracted

If not at place of death? _____

Did an operation precede death? no Date of _____Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) _____

19

J. M. Butler

M. D.

Address _____

Winkelman, Ariz

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).

19. PLACE OF BURIAL, CREMATION OR
REMOVAL

DATE OF BURIAL

Winkelman Jan 14 1933

20. UNDERTAKER

ADDRESS

Jan 14 1933

MAKING THIS A PERMANENT RECORD. Every item of information should be written in plain terms, so that it may be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. See instructions on back of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be written in plain terms, so that it may be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. See instructions on back of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.